

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: _____ Agency(ies) Charge No(s): 433-2021-02401 <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
and EEOC			
State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.) Ms. Larissa Harper Hairgrove		Home Phone (Incl. Area Code) _____ Date of Birth _____	
Street Address _____ City, State and ZIP Code 1075 E. Holly Grove Road, Lexington, NC 27292			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name CITY OF SALISBURY		No. Employees, Members 15 - 100 Phone No. (Include Area Code) _____	
Street Address _____ City, State and ZIP Code 132 North Main Street, Salisbury, NC 28145			
Name DOWNTOWN SALISBURY INC		No. Employees, Members 2 Phone No. (Include Area Code) _____	
Street Address _____ City, State and ZIP Code 217 South Main Street Salisbury NC 28144			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify) _____		DATE(S) DISCRIMINATION TOOK PLACE Earliest 04-22-2021 Latest 04-22-2021 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I. I was jointly employed as Downtown Development Director by both of the above named employers since October 9, 2017. II. I filed a charge of discrimination against both DSI and the City of Salisbury and engaged in mediation, which are protected activities. III. After unsuccessful mediation, either DSI or the City or both or agents acting on their behalf, stated to individuals in the NC tourism and "Main Street" industry that I had filed an EEOC charge and was planning on suing the City of Salisbury. IV. I believe I was retaliated against, in violation of Title VII of the Civil Rights Act of 1964, as amended.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT _____ SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE _____ (month, day, year)	
Date 08-12-2021 Charging Party Signature <i>Larissa Harper Hairgrove</i>		United States Equal Employment Opportunity Commission - EEOC Raleigh Office Received on: 9 / 07 /2021	

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 433-2021-02402 </div> </div>	
and EEOC			
<i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) Ms. Larissa Harper Hairgrove		Home Phone (Incl. Area Code) Date of Birth	
Street Address City, State and ZIP Code 1075 E. Holly Grove Road, Lexington, NC 27292			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name CITY OF SALISBURY		No. Employees, Members Phone No. (Include Area Code) 15 - 100	
Street Address City, State and ZIP Code 132 North Main Street, Salisbury, NC 28145			
Name DOWNTOWN SALISBURY INC		No. Employees, Members Phone No. (Include Area Code) 2	
Street Address City, State and ZIP Code 217 South Main Street Salisbury NC 28144			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap;"> <div style="margin-right: 10px;"><input type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 04-22-2021 04-22-2021 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I. I was jointly employed as Downtown Development Director by both of the above named employers since October 9, 2017. II. I filed a charge of discrimination against both DSI and the City of Salisbury and engaged in mediation, which are protected activities. III. After unsuccessful mediation, either DSI or the City or both or agents acting on their behalf, stated to individuals in the NC tourism and "Main Street" industry that I had filed an EEOC charge and was planning on suing the City of Salisbury. IV. I believe I was retaliated against, in violation of Title VII of the Civil Rights Act of 1964, as amended.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Date <u>08-12-2021</u> <u>Larissa Harper Hairgrove</u> United States Equal Employment Opportunity Commission - EEOC Raleigh Office		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

Received on: 9/ 07 /2021